THE NIGERIAN ARMED FORCES MEDICAL SERVICES

An Up-to-Date Survey

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SUMMARY: A brief account is given of the background to and progress of a visit by a British Medical Services team to Nigeria by invitation in March 1972 (A detailed Official Report was made to the Nigerian Government as a result of the tour).

Introduction

A unique opportunity arose recently for a small group of Service doctors to tour Nigeria. In Mid-March 1972 arrangements were finalised between the office of His Excellency The Nigerian High Commissioner in London, The British Foreign and Commonwealth Office (F.C.O.) and our Ministry of Defence (M.O.D.) for a visit by a team of three Service Medical Officers (one Brigadier, one Lieutenant-Colonel R.A.M.C. and one Wing Commander R.A.F.). The visit was not to exceed fourteen days and was to be completed before the end of the 1971-1972 Financial Year, on 31st March 72.

The Team, at the request of the Nigerian Ministry of Defence, was to investigate the Medical Services of the Armed Forces in Nigeria and to make recommendations on *Organisation, General Administration, Discipline, Medical Supply and Aviation Medicine*.

Particular attention was to be paid to the establishment of the Armed Forces Medical Service in relation to the Army, Navy and Air Force Medical Services and to the special needs which might be considered necessary for the Nigerian Navy and the Nigerian Air Force.

In addition to the writer, the officers selected for the task were: Lieutenant-Colonel A. C. Ticehurst, M.B., B.S., M.R.C.S., R.A.M.C., Deputy Assistant Director-General, A.M.S. (A.M.D.1) and Wing Commander R. P. Saundby, M.B., Ch.B., R.A.F., Royal Aircraft Establishment, Boscombe Down who is himself a fully qualified pilot.

They had the very good fortune to be escorted throughout their tour in Nigeria by Colonel E. E. Bassey-Inyang M.R.C.S., L.R.C.P., A.F.M.S., Principal Medical Staff Officer to the Director-General of Medical Services of the Nigerian M.O.D. Only his unfailing co-operation and administrative abilities made possible such a comprehensive tour of that vast country as the visitors eventually managed to accomplish.

A short briefing at the office of the High Commissioner preceded the departure of the Team by air on Thursday, 16th March 1972. Further and more detailed briefings were given on arrival in Nigeria, not only by the Permanent Secretary and by the Chief of Staff (C.O.S.) of the Nigerian M.O.D. but also by the Chiefs of Staff and by the Directors of Medical Services of each of the three Services separately. The Team finally returned to the United Kingdom on 30th March 1972, a few hours within its deadline.

Background History of the Nigerian Armed Forces Medical Services

Before and during the 1939-1945 War, the Medical Services of West Africa Command, including Nigeria, were provided through the West African Army Medical

Corps (W.A.A.M.C.) based on Accra. This Corps, part of the "West (later Royal West) African Frontier Forces", had strong R.A.M.C. backing. As the various countries became independent, the W.A.A.M.C. was split up and in 1956 the Nigerian Army Medical Corps was formed based on the Military Hospitals at Lagos and Kaduna, with an administrative Headquarters (A.D.M.S. Office) at Apapa. During the ensuing years, the R.A.M.C. elements were gradually with-drawn as indigenous Nigerian medical officers and other staff became available. Finally, in 1964, the then Lieutenant-Colonel A. O. Peters R.A.M.C. became the first Nigerian D.M.S. This same officer, now Brigadier Austen Peters M.A., M.B., F.R.C.S., Director-General of the Armed Forces Medical Services of Nigeria, was the official 'host' to the visiting Team throughout their tour.

In his planning for the Medical Services, Brigadier Peters saw the need for an overall unified Base Medical Service to serve all branches of the Armed Forces. This was accomplished with the formation of the Armed Forces Medical Services (A.F.M.S.) in 1967 and in that year he became the first Director-General with his own staff branches. In the new Service the Army, Navy and Air Force each still retained its own D.M.S., but central policy and co-ordination in both peace and war were vested in the Director-General who established and controlled all base hospitals and other medical supporting units. In addition, as an independent part of the Armed Services, he controlled his own transport and general stores, training, public relations and finance.

During the Civil War between Nigeria and secessionist "Biafra" forward Army units such as hospitals, three field ambulances and field training units were established under the direct control of D.M.S. Army (Brigadier H.E.O. Adefope). Also, the Nigerian Navy and Air Force expanded more rapidly than peace time planning had anticipated, and the D's M.S. of each of these Armed Services set up small integral medical units. All these units still exist in early 1972.

Present situation

Now that the hostilities are over, it is the policy of the Head of State, His Excellency General Yakubu Gowon (who is also Supreme Commander of the Armed Forces) that former members of the Biafran Forces shall be absorbed into the Nigerian Forces and this includes, naturally enough, any doctors, nurses and medical orderlies who worked with them.

Simultaneously, finances are just becoming available to replan the Medical Services of the Security Forces and in so doing to decide whether the A.F.M.S. as at present constituted should continue permanently as an independent section of those forces or revert back to the separate Army, Navy and Air Force components.

Future organisation

If the A.F.M.S. is to continue, then the necessary re-organisation must be put in hand and future command and control of the various existing medical units at various levels requires to be decided. For example, which of the existing A.F.M.S. (Base) hospitals and other units should be retained, which require re-building, which of the existing semi-autonomous Army, Navy and Air Force medical units should be absorbed into the control organisation to become A.F.M.S. Units, which should remain under the D.M.S. of the Service concerned and whether any new unit(s) should be formed for the expanding

Navy and Air Force, whether either of these two Services should have its own hospital(s) or other medical units under direct command, analogous to existing "Army Hospitals".

These problems were the background to the Team's visit and, indeed, the situation was such that the visitors were being asked to "do a Jarrett" in the space of an extremely short tour.

Outline of Tour

Nevertheless, by the use of a fleet of (medically controlled) Mercedes cars and through the most generous provision by the Nigerian Air Force of private air transport almost "on call", the Team was able to visit all the Base (A.F.M.S.) medical units and many of the Army medical units in two out of the three Divisional areas as well as seeing the Naval and Air Force medical establishments. The tour covered a country almost 600 miles long by 500 miles wide. By working straight through the week-ends, no less than twenty-five units—hospitals, medical stores, field and other medical establishments were visited within a period of thirteen days in addition to the various conferences at M.O.D., Army, Navy and Air Force Headquarters. The tour included also a number of courtesy calls paid to Nigerian notables, amongst them His Highness The Emir of Kano, His Excellency The Military Governor of North Central State, the Acting G.O.C. of 3 Infantry Division and several other officials at various levels in Government appointments, Federal and State.

In such an enormous country, variations in standards are inevitable. In Nigeria these differences have been accentuated by the direct impact in some districts of the civil war with its destruction of medical along with all other facilities. The Team was greatly impressed by the efforts being made "to pick up the pieces" and especially by the outstanding work performed by the nursing officers in units of all three Services. There is a grave shortage of Nigerian medical officers in uniform and the indigenous civilian doctors are fully employed meeting civilian needs. Hence the Services have had to seek help from outside their own country. The D.M.S. Nigerian Navy is a serving Indian Naval Medical Officer on loan. At hospitals and at medical reception stations up-country, expatriate doctors of several different nationalities (including Egyptians and Russians) are employed as Civilian Medical Practitioners. Thus, basic medical cover is provided, but the system leaves both an administrative gap and greater problems of communication.

Difficulties in obtaining enough experienced medical and other officers and an adequate supply of experienced Warrant Officers and Non-Commissioned Officers would have arisen in any case even with such a gradual build-up of the Nigerian Security Forces as was planned after independence in 1960 and the declaration of the Republic in 1963, but the shortages became acute with the enormous expansion of the three Services during the civil war. Admittedly, there are now large numbers of officers (many commissioned directly "in the field") and soldiers with experience of combatant conditions, but, unfortunately, without the necessary administrative experience for the permanent peace-time Forces.

It is the burden of covering much of this gap in the medical organisation, which the Nigerian Nursing Sisters of all three Services (all dual qualified S.R.N. S.C.M. to British standards) have shouldered successfully. Their duties include screening out-patients and

relieving Nigerian medical officers of many administrative problems in units, in addition to controlling large staffs of varying capabilities and carrying out their own professional nursing duties in wards and departments.

The relatively large number of (non-medically qualified) medical service officers who have been commissioned (including those promoted for duties in the field) cover many of the technical duties, for example, in laboratories, X-ray and other departments which in the British Army would be performed by technical tradesmen. Those on general duties are learning peace-time functions the hard way by "on the job training". If mistakes are made, it is usually because there is no one of experience to ask for advice within a hundred miles or even more.

Conclusions

But one thing is certain, the Nigerian Armed Forces Medical Services will survive, will improve with experience and morale is high. Many of the older more senior members recall (not with nostalgia, but with pride) the days when they worked with and alongside the British Army Medical Services. Now they are on their own. Not only have they an Army as big as the British Army, but they have a growing Navy for coastal security duties and an Air Force with its own D.M.S., medical officers and nursing sisters, most of whom have attended aviation medicine/nursing courses in the United States of America or the United Kingdom. As the basis for their proposed aviation medical Centre near Kaduna, they already have a Reception Station of which any Service might well be proud. Colonel Ogunro, the D.M.S. Nigerian Air Force, leads his team with energy and the determination to make it worthy of their growing Air Force.

The Nigerian request for a survey of their Armed Forces Medical Services by an outside team appears to have been based on a genuine desire for an unbiased view. The comments of this British Team are by no means the last word as other visits have been requested from individual overseas consultants (to comment on certain specific aspects) and from other countries, such as Jordan, which has recently introduced into the Royal Jordanian Forces Medical Services a scheme for monthly cash subscriptions towards payment for hospital facilities for Servicemen and their dependants.

Since its return to the United Kingdom, the Team has compiled a comprehensive Report and has made a number of recommendations. These, of course, are for consideration by the Nigerian Ministry of Defence and in no way appropriate for inclusion in this short factual article. Suffice to say that at all stages of the tour, the Team was welcomed warmly and wholeheartedly. Every aspect of the Medical, Dental and Nursing Services was available for inspection and discussion and, whatever the outcome of the visit may be, it will certainly not fail through lack of mutual goodwill.